

# ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☒ yes

☐ no

☒ Mr. Artist

Mark Sullivan

(Last Name Last)

Permanent  
Address

7714 St. Clair, Cleve.

Street

City Oh.

44103

Zip

Tel. (216)

Area Code

881-8825

Temporary or  
Studio Address

1900 Superior

Street

Cleve

City Oh.

44114

Zip

Tel. ( ) -

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in?

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 18, 1980.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Mark D. Sullivan

# ENTRY BLANKS

1

- ☒ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Electric    ☐ 6. Crafts

Materials

Acrylic

Title

"Notes on the Irish Sea"

Price or NFS

\$975.00

Insurance Value  
if NFS Only

Size

38 X 50

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

REJECTED

2

- ☒ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Electric    ☐ 6. Crafts

Materials

Acrylic, Masonite, Wood

Title

"Barcelona Series;  
Güell Afternoon" (set of 4)

Price or NFS

~~\$1150.00~~  
\$850

Insurance Value  
If NFS Only

Size

19X22  
each

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Frame

ACCEPTED

DO NOT WRITE IN  
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

170(1) ABCD

REJECTED

DATE